

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13590
3830

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3830	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish H osp.				STREET ADDRESS 5716 Westminster			
3. NAME OF DECEASED (Type or Print) MAX		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH Apr. 29, 1955		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr.	
8. DATE OF BIRTH Apr. 9, 1882		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinetmaker		11. BIRTHPLACE (City and State or Foreign Country) USSR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinetmaker		10b. KIND OF BUSINESS OR INDUSTRY Retail		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unk.	
13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Ruth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lewis Leabman		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis (b) Nephrosclerosis (c) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 446x	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Mar, 1955, to April 29, 1955, that I last saw the deceased alive on April 28, 1955, and that death occurred at 9:00A.M., from the causes and on the date stated above.		23a. SIGNATURE M. Norman Orgel M.D.	
23b. ADDRESS 508 North Grand Ave		23c. DATE SIGNED 4/29/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 5/1/55	
24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha		24d. LOCATION (City, town, or county) (State) University City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		25. ADDRESS 4715 McPherson	
DATE REC'D BY LOCAL REG. APR 29 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		25. ADDRESS 4715 McPherson	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

* If this body is not embalmed, fact should be so stated above.